Combined Declaration For Patent Application and Power of Attorney						ATTORNEY DOCKET					
As below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:											
SYSTEM AND METHOD FOR CLASSIFYING IN VIVO IMAGES ACCORDING TO ANATOMICAL STRUCTURE											
The specification of which (check only one item below):											
X is attached hereto.											
was filed as United States Application Serial No. on and was amended on (if applicable).											
was filed as PCT international application Number on and was amended on (if applicable).											
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose to the U.S. Patent & Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56. I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-*d) or 365 (b) of any foreign application(s) for patent or inventor's certificate, or (365 (a) of any PCT international application(s) which designates at least one country other than the United States of America, listed below and have also identified below any foreign applications(s) for patent or inventor's certificate or any PCT international application(s) designating a least											
one country other than the United State	es of America	i filed by me on th	e same	subject matter having a fi	ling date bef	ore that	of the applic	ation(s) o	f which		
priority is claimed: PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:											
COUNTRY (# PCT, indicate PCT)	AP	PLICATION NUMBER		DATE OF FILING (month/dayyear)			PRIORITY CLAIMED (INDER 35 USC	§119 NO		
							YES		NO NO		
							YES		NO		
I hereby claim the benefit under Title 3	35, United Sta	ites Code, 119 §(e) of an	y United States provisional	application((s) listed	below:				
PRIOR PROVISIONAL APPLICAT	TON(S) AND	ANY PRIORITY	/ CLA	IMS UNDER 35 U.S.C.	§119 (e):						
PROVISIONAL APPLICATION NUMBER FILL						nth/day/year)					
			+								
I hereby claim the benefit under Title 35, United States Code, §120 of any prior United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior applications(s) in the manner provided by the first paragraph of Title 35, §112, I acknowledge the duty to disclose to the U.S. Patent & Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56, which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:											
PRIOR US APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S FOR BENEFIT UNDER 35USC§120:											
U.S. APPLICATION NUMBER			U.S. FII	ST. FILING DATE PATENTED		ATUS (Check of PENDING		NDONED			
PCT APPLICATIONS DESIGNATING THE U.S.											
PCT APPLICATION NO. PCT FILI		IG DATE		J.S. SERIAL NUMBERS ASSIGNED (if any)							

Со	mbined Dec	ATTORNEY DOCKET							
POWER OF ATTORNEY: As a named inventor, I hereby appoint the attorney(s) and/or agent(s) associated with Eastman Kodak Company <u>Customer No. 01333</u> to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.									
Se	nd Correspo	Direct Telephone Calls to: (name and telephone number)							
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5	BUSINESS ADDRESS	BUSINESS ADDRESS	CITY	STATE & ZIP CODE (COUNTRY)					
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME					
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP					
6	BUSINESS ADDRESS	BUSINESS ADDRESS	CITY	STATE & ZIP CODE (COUNTRY)					
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thexeon.									
SIGNATURE OF INVENTOR 281 SIGNATURE PAR DATE			Mari M. Joodgane	SNATURE OF INVENTOR 203					
3/30/2004 3/29			1/29/2004	3/29/2004					
SIGNATURE OF INVENTOR 205 SIGNATURE OF INVENTOR 206									
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